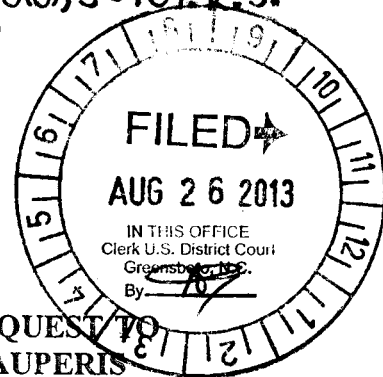


TO: Intermediary

UNITED STATES DISTRICT COURT  
MIDDLE DISTRICT OF NORTH CAROLINA

JONTA HAMPTON-BEY  
(Plaintiff or Petitioner)

1:13 CV 638



v.

DECLARATION AND REQUEST TO  
PROCEED IN FORMA PAUPERIS

CABARRUS COUNTY DISTRICT

ATTORNEY  
(Defendant(s) or Respondent(s))

I, Jonta Hampton Bey, declare that I am the plaintiff or petitioner in the above-entitled case; that in support of my motion to proceed without being required to prepay fees, costs or give security therefor, I state that because of my poverty I am unable to pay the costs of said proceeding or to give security therefor, that I believe I am entitled to redress.

1. Are you presently employed? Yes ☒ No ☐

a. If the answer is yes, state the amount of your salary or wages per month, and give the name and address of your employer.

SEE FORM W-8 BEN ATTACHED & INCORPORATED HEREIN/WITH  
AS EXHIBIT A - - FOR EXPLANATION/INFORMATION PURPOSES.

b. If the answer is no, state the date of last employment and the amount of the salary and wages per month which you received.

2. List anyone who helps support you or shares support in any way and describe the type and amount of support for the last 12 months. [If no one, write "No One."]

FAMILY, PARTNERSHIPS, FOREIGN AGENCIES, ETC. UNLIMITED  
SUPPORT FROM WE THE PEOPLE, ET AL [A/RES/61/295, Art. 4]

3. Have you received within the past twelve months any money from any of the following sources?

a. Business, profession or form of self-employment? Yes ☒ No ☐

b. Rent payments, interest or dividends? Yes ☐ No ☐

c. Pensions, annuities or life insurance payments? Yes ☐ No ☐

d. Gifts or inheritances? Yes ☐ No ☐

e. Any other sources? Yes ☐ No ☐

If the answer to any of the above is yes, describe each source of money and state the amount received from each during the past twelve months. Refer

to Paragraph 2 of this declaration --- Notice: Private

3. Do you own any cash, or do you have money in a checking, savings or any other kind of account other than a prison account? Yes — No — If the answer is yes, describe the account, its location, and the total value of each account. sovereign Trust Account, etc. • FEDERAL

RESERVE BANK OF K C HEADQUARTERS KANSAS CITY, MO. 64999-0014  
CONTACT THE PERSON HOLDING FORM W-8IMY / OR REQUEST DISCOVERY  
FOR CERTIFIED MAIL RECEIPT NO. 2012221000017485428 (Exhibit B)

4. Do you own any real estate, stocks, bonds, notes, automobiles or other valuable property (excluding ordinary household furnishings and clothing)? Yes — No — If the answer is yes, describe the property and state its approximate value. (Separately list all jewelry valued at over \$50.00.) MUST REFER TO

Paragraph 3 of this declaration --- Notice: Private

5. List persons who are dependent upon you for support, state your relationship to those persons and indicate how much you actually contributed toward their support for the last 12 months. Refer to Paragraph 2 of this  
declaration --- Notice: Private

FOR PRISONERS ONLY

6. Name: \_\_\_\_\_  
Name under which convicted if different: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
My Prison Number is: \_\_\_\_\_  
Address of current place of incarceration: \_\_\_\_\_  
\_\_\_\_\_  
The total deposits to my Trust Account for the last 6 months are \_\_\_\_\_  
The present balance of my Trust Account is: \_\_\_\_\_

I declare under penalty of perjury that all of the foregoing is complete, true and correct.

8.22.2013  
(Date)

[Signature]  
(Signature of Plaintiff or Petitioner)

<sup>1</sup>If you have been in more than one institution in the last six months and are unable to accurately determine deposits in prior institutions, provide the Court with your best good faith estimate. The Court will, at a later date, get the ledger cards from those prior institutions and make any needed corrections.

Form **W-8BEN**

(Rev. February 2008)

Department of the Treasury  
Internal Revenue Service**Certificate of Foreign Status of Beneficial Owner  
for United States Tax Withholding**► Section references are to the Internal Revenue Code. ► See separate instructions.  
► Give this form to the withholding agent or payer. Do not send to the IRS.

OMB No. 1545-1621

Do not use this form for:

- A U.S. citizen or other U.S. person, including a resident alien individual
- A person claiming that income is effectively connected with the conduct of a trade or business in the United States
- A foreign partnership, a foreign simple trust, or a foreign grantor trust (see instructions for exceptions)
- A foreign government, international organization, foreign central bank of issue, foreign tax-exempt organization, foreign private foundation, or government of a U.S. possession that received effectively connected income or that is claiming the applicability of section(s) 115(2), 501(c), 892, 895, or 1443(b) (see instructions)

Instead, use Form:

W-9

W-8ECI

W-8ECI or W-8IMY

W-8ECI or W-8EXP

Note: These entities should use Form W-8BEN if they are claiming treaty benefits or are providing the form only to claim they are a foreign person exempt from backup withholding.

- A person acting as an intermediary.

W-8IMY

Note: See instructions for additional exceptions.

**Part I Identification of Beneficial Owner (See instructions)** Jonathan Tomyreca Hampton Trust

- 1 Name of individual or organization that is the beneficial owner Moorish American Nation 2 Country of incorporation or organization Morish America

- 3 Type of beneficial owner: ☒ Individual ☐ Corporation ☐ Disregarded entity ☐ Partnership ☐ Simple trust  
☐ Grantor trust ☐ Complex trust ☐ Estate ☐ Government ☐ International organization  
☐ Central bank of issue ☐ Tax-exempt organization ☐ Private foundation

- 4 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address.

10885 Snowcrest Drive

City or town, state or province. Include postal code where appropriate.

Midland, North Carolina 28107

Country (do not abbreviate)

Morish America

- 5 Mailing address (if different from above)

City or town, state or province. Include postal code where appropriate.

Country (do not abbreviate)

► instructions)

☐ SSN ☒ ITIN ☐ EIN

- 7 Foreign tax identifying number. If any (continued)

- 8 Reference number(s) (see instructions)

**Part II Claim of Tax Treaty Benefits (if applicable)** U.S./Morocco Treaty of Peace & Friendship

- 9 I certify that (check all that apply):

- a ☒ The beneficial owner is a resident of Morish America within the meaning of the income tax treaty between the United States and that country.
- b ☒ If required, the U.S. taxpayer identification number is stated on line 6 (see instructions).
- c ☐ The beneficial owner is not an individual, derives the item (or items) of income for which the treaty benefits are claimed, and, if applicable, meets the requirements of the treaty provision dealing with limitation on benefits (see instructions).
- d ☒ The beneficial owner is not an individual, is claiming treaty benefits for dividends received from a foreign corporation or interest from a U.S. trade or business of a foreign corporation, and meets qualified resident status (see instructions).
- e ☐ The beneficial owner is related to the person obligated to pay the income within the meaning of section 267(b) or 707(b), and will file Form 8833 if the amount subject to withholding received during a calendar year exceeds, in the aggregate, \$500,000.

- 10 Special rates and conditions (if applicable—see instructions): The beneficial owner is claiming the provisions of Article 17 of the treaty identified on line 9a above to claim a UNLIMITED rate of withholding on (specify type of income): UNLIMITED LIABILITY  
 Explain the reasons the beneficial owner meets the terms of the treaty article: See Document Entry No. 13-13 of Case File No. 1:11CV317 (U.S.D.C. M.D.N.C.), See also Document Entry No. 20

**Part III Notional Principal Contracts** document Entry No. 12 of the aforementioned case

- 11 ☒ I have provided or will provide a statement that identifies those notional principal contracts from which the income is not effectively connected with the conduct of a trade or business in the United States. I agree to update this statement as required. Attached

**Part IV Certification** See Document Entry No. 4-1 of Fed Case File No. 1:11CV217 (W.D.N.C.)

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- 1 I am the beneficial owner (or am authorized to sign for the beneficial owner) of all the income to which this form relates.
- 2 The beneficial owner is not a U.S. person.
- 3 The income to which this form relates is (a) not effectively connected with the conduct of a trade or business in the United States, (b) effectively connected but is not subject to an income tax treaty, or (c) the partner's share of a partnership's effectively connected income, and
- 4 For broker-in-trade or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner.

Sign Here

Signature of beneficial owner (or individual authorized to sign for beneficial owner)

Date (MM-DD-YYYY)

Consul General /  
Living Soul  
Capacity in which acting

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 250472

Form **W-8BEN** (Rev. 2-2008)

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>Article Addressed to:</p> <p>OFFICE OF THE CLERK UNITED STATES DISTRICT COURT GREENSBORO, NC 27402 USA</p> <p>Resolution No. 75 May 4, 1933</p>		<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>x R. Chambers</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>R Chambers</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>Article Number 7012 2210 0002 4515 7012</p> <p>(Transfer from serv)</p>			
<p>S Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>			

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>Article Addressed to:</p> <p>Secretary of Treasury Department of the Treasury Internal Revenue Service Kansas City, MO 64999-0044 Return Services</p>		<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>X</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>Article Number 7012 2210 0000 1748 5428</p> <p>(Transfer from service)</p>			
<p>S Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>			

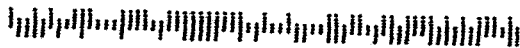
UNITED STATES POSTAL SERVICE



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

Jon'ta Tomorrrea Hampton-Bey / Consul General  
1206 Kite Ct  
Concord, North Carolina 28025-0202



UNITED STATES POSTAL SERVICE



2  
First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

Jon'ta Tomorrrea Hampton  
1206 Kite Ct  
Concord North Carolina 28025-0202

Sovereign Trust Account

